

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1								
2		1						
3								
4		1						
5								
6		1						
7								
8								
9								
10								
11		2						
12	1							
13		1						
14	1							
15		1						
16	1							
17		1						
18								
19		1						
20								
21		1						
22								
23		1						
24	1							
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47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS